

Camp CHOF Day Camp-Visitor/Friend Day

On Fridays we have a special "Visitor/Friend Day" at Day Camp!

COST: \$20 (cash or check only, turned in the morning of Friend Day with packet)

- This includes the visitor's lunch, Sweet Shop snacks, and all activities
- No other money is needed

PLEASE NOTE THE FOLLOWING GUIDELINES:

- Visitor may be a friend, relative, brother or sister, but they **MUST** be Day Camp age (5-8 years old).
- **Only one visitor allowed per day camper.**
- Child must wear comfortable outfit and shoes and bring the following items clearly marked: Backpack or tote, bathing suit, beach towel, sunblock, insect repellent, plastic bag for wet items. (see last page for packing list)

Parent or guardian must fill out this Friend Day packet in its entirety in order for their child to attend.

At the end of the day, your child will be dismissed with the friend they attended Day Camp with and to an adult who had permission on the Day Camper's Child Security Form.

DAY CAMP VISITOR/FRIEND PERMISSION SLIP

I GIVE MY PERMISSION FOR MY CHILD: _____
(CHILD'S NAME)

TO ATTEND FRIEND DAY WITH: _____
(CAMPER'S NAME)

ON: _____ AT CAMP CHOF - 1820 DEERFIELD AVE NW DALTON, OH 44618.
(DATE OF EVENT)

(PRINT NAME) (TODAY'S DATE)

(PARENT/GUARDIAN SIGNATURE)

VISITOR INFORMATION

BIRTHDAY: _____ AGE: _____ BIRTH GENDER: MALE FEMALE

PARENT/GUARDIAN PHONE NUMBER: _____

EMERGENCY CONTACT: _____
(RELATION TO VISITOR)

(STREET ADDRESS) (CITY) (STATE) (ZIP)

VISITOR IS COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE: NO YES: _____

VISITOR IS BRINGING MEDICATION: NO YES (SEE PAGE 2)

ADMIN CHECK 1/4

ALLERGIC TO:

- FOOD
- MEDICINE
- ENVIRONMENT
- OTHER
- NONE

PAGE 2 FOR DETAILS

ALLERGIES Please describe below what the camper is allergic to, the severity, and the reaction that is seen.

HEALTH & HISTORY Please provide any additional information about the camper's physical or mental health that may be helpful for our staff to know, or that could affect the camper's ability to fully participate in camp activities. This may include (but are not limited to) diagnosed conditions such as ADHD, behavioral or emotional challenges, mobility issues, etc.

PERMISSION TO ADMINISTER MEDICATION(S)

All medications (prescription and non-prescription) must be clearly marked in their original bottle. They will be collected and maintained in our Camp Office under lock and key as per Ohio State Law. Please attach additional sheets if necessary.

Medication Name _____
How medication is to be taken _____
Dosage _____
Schedule/Frequency (Check all that apply)
 Breakfast (8:30 am)
 Lunch (12:30 pm)
 Other Time _____
Special Instructions

Medication Name _____
How medication is to be taken _____
Dosage _____
Schedule/Frequency (Check all that apply)
 Breakfast (8:30 am)
 Lunch (12:30 pm)
 Other Time _____
Special Instructions

I understand that my signature below acknowledges that I have completed this medication form and relinquished medications to the camp health staff at check-in to be administered as specified, and I also authorize the camp health staff to administer routine care for minor health requests/concerns for my child as needed, unless otherwise stated.

Parent/Guardian Signature _____ Print Name _____

Camp CHOF Code of Conduct

- 1. Follow Staff Instructions:** Our trained staff are here to keep you safe and ensure a great week! Listen to authority.
- 2. Keep Camp Clean:** Dispose of all trash properly and help maintain a clean cabin and camp.
- 3. Stay with the Group:** Never wander off or be alone. Always stay with your assigned group and communicate if you need to step away.
- 4. Stay Hydrated:** Drink plenty of water. Bring or buy a refillable water bottle and use it often.
- 5. Maintain Personal Space:** Don't share drinks or invade others' personal space.
- 6. No Romantic Behavior:** Refrain from PDA or romantic interactions of any kind.
- 7. Dress Appropriately:** Clothing and appearance should align with your biological sex, and should be modest.
- 8. Uphold Camp Beliefs:** Do not promote or approve behavior contrary to the church's scriptural beliefs (go to cantonbaptist.org for our complete belief statement).
- 9. Show Respect:** Treat all campers and staff with kindness, dignity, and respect.

Acceptance and Acknowledgment of Statement of Faith and Code of Conduct

I have received a copy of Camp CHOF's/Canton Baptist Temple's statement of faith. I understand it is my responsibility to become familiar with and adhere to the information contained therein. I agree to be bound by the statement of faith and the biblical positions taken by Camp CHOF/Canton Baptist Temple on all the issues of doctrine and lifestyle contained therein, both at and away from Camp CHOF.

I have also received a copy of the Camp CHOF Code of Conduct. I agree to abide by the code of conduct contained herein and understand that if, at any time during or away from Camp CHOF, I violate any specific provisions or the spirit of the code of conduct, I am subject to the discipline listed herein, up to and including expulsion from the camp premises.

_____ (parent/guardian initials) I understand that as the legal guardian of my child, I am responsible to read and understand these documents and explain the requirements contained therein to my child. I understand that my child and I will be held accountable for the policies and procedures contained therein, including the parental support statement, binding arbitration, and the code of conduct, all of which are based on Camp CHOF's/Canton Baptist Temple's statement of faith.

Parent/Guardian Signature

Printed Name

Date

Acknowledgement of Risk/Release Contract

ACKNOWLEDGMENT OF RISKS

I understand that participation in camp activities (including but not limited to hiking, climbing, rope activities, Gellyball, airguns, archery, waterslides, swimming, go-karting, ziplining, and field games) involves inherent risks that cannot be eliminated, including the possibility of injury, illness, or death.

Risks may include:

- Rapidly changing weather; temperature extremes; sun exposure.
- Equipment malfunction or misuse.
- Natural hazards such as uneven terrain, insects, or animals.
- Water-related risks including drowning, cold temperatures, or collisions.
- Motor vehicle accidents during camp transportation.

I understand these are examples and not a complete list of risks.

PARTICIPANT EXPECTATIONS

Participants must:

- Follow all staff instructions and posted rules.
- Alert staff to any unsafe situations.
- Provide proper clothing and footwear.

Camp CHOF is not responsible for loss, misuse, or injury related to personal items.

HEALTH & MEDIA CONSENT

I affirm that my child has no physical, emotional, or mental limitations that would prevent participation, except as noted on the Health History Form. I grant permission for Camp CHOF to record my child's image, voice, or likeness for camp-related use in publications or promotions, without compensation. Personal information will not be shared without consent.

RELEASE & WAIVER OF LIABILITY

In consideration of my child's participation, I assume all risks and agree to indemnify, defend, hold harmless, release, and waive any claim against Camp CHOF, Canton Baptist Temple, and their agents, employees, officers, and assigns for any injury, illness, damage, or loss, including those caused by the negligence of camp staff.

If any part of this agreement is found invalid, the remainder shall continue in full force.

(Parent/Guardian must sign if participant is under 18.)

Print Name: _____ Signature: _____

Camper's Name: _____ Birthdate: ____/____/____

Permission to Treat Authorization

1. I hereby give permission to the camp personnel to provide and administer medications described in the medications section of this packet and to administer over-the-counter medications and first aid for minor illnesses and injuries.
2. I understand that, although certain volunteers and/or other workers have been familiarized with administering medication, including for but not limited to allergies, anaphylaxis, and epinephrine administration, camp personnel are not medically trained and do not have professional training or experience in meeting the needs of children with medical conditions, including but not limited to allergies, or to identify symptoms or signs that the student is in distress or may need emergency medical treatment. With that understanding, I hereby give my child to be treated for allergic reactions, including the administration of epinephrine.
3. In potential emergencies requiring immediate medical attention, I understand that my child will be taken to and treated at the nearest hospital or urgent care center. I hereby give permission for those responsible for my child at the camp to authorize medical treatment for my child in the event of an emergency.
4. I give permission to camp personnel to contact my child's healthcare specialist, primary care provider, or dentist in the event of an emergency.
5. I AGREE to pay all costs associated with my child's medical care, emergency or otherwise. I understand that the camp does not carry health insurance for campers and that it is my responsibility to submit to my own insurance any healthcare, medication, or medical claim my child incurs while at camp.

Liability Waiver for Medical Care

In consideration of my child being permitted to participate in the event(s) described above and other valuable consideration the receipt of which is acknowledged, I hereby AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MINISTRY and its agents and employees from any and all past, present, future, known and unknown liabilities, actions, causes of action, claims, expenses, personal injuries, and damages INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF THE MINISTRY, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS, and including, without limitation, interest, penalties, court costs, attorney's fees, and expenses resulting from or on account of injury to my child, myself, or my property in connection with any medical care provided to my child.

I FURTHER RELEASE any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of Ohio and that if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I ALSO AGREE that any controversy or claim, by or through me, arising out of or relating to the care anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recitals.

This completed form may be photocopied for trips out of Camp.

I understand and agree to abide by any restrictions placed on my activity at Camp.

Parent Signature _____

CAMP CHOF
I CORINTHIANS 10:31



1820 DEERFIELD AVE NW DALTON, OH 44618

CAMP CHOF IS A MINISTRY OF
CANTON BAPTIST TEMPLE
515 WHIPPLE AVE NW CANTON, OH 44708

PHONE.....(330) 477-6267 EXT. 126

FAX.....(330) 477-2389

EMAIL.....OFFICES@CAMPCHOF.ORG

WEBSITE.....CAMPCHOF.ORG

DAY CAMP PACKING LIST

WE RECOMMEND THAT YOU MARK ALL CLOTHING AND BELONGINGS WITH A PERMANENT MARKER.

Unfortunately, there are many pieces of clothing left at camp each summer that are not claimed and are unidentifiable. This substantial lost and found pile is held on site for 2 weeks after the summer camping season ends before being donated to charity. While we are happy these items find a good home eventually, we want the person who owns the clothing/items to have them again! We are not responsible for lost or stolen items!

WHAT TO BRING

- BACKPACK/TOTE BAG**
- COMFORTABLE OUTFIT & SHOES**
- SWIMSUIT**
- PUDDLE JUMPERS (AS NEEDED)**
CHILD MUST WEAR ANY FLOTATION DEVICES BROUGHT WITH THEM!
- BEACH TOWEL**
- SUNBLOCK**
- BUG/MOSQUITO REPELLENT**
- RAIN JACKET**
- HAT**
- PLASTIC BAG FOR WET ITEMS**
- WATER BOTTLE**

WHAT NOT TO BRING

- MONEY**
- PHONES**
- TABLETS/IPADS**
- GAMING DEVICES**
- CAMERAS**
- DRUGS, ALCOHOL, TOBACCO**
- WEAPONS, KNIVES, FIREARMS**
- FIREWORKS**
- SKATEBOARDS, ROLLERBLADES, BIKES**
- INAPPROPRIATE MATERIALS**
- CLOTHING OR ITEMS WITH OFFENSIVE IMAGES AND/OR LANGUAGE**
- LIVE ANIMALS**

DAY CAMP FEE INCLUDES:

CAMP CHOF T-SHIRT, LUNCH, CRAFT, AND A DAILY TRIP TO THE SWEET SHOP.
EACH DAY AT SWEET SHOP, EACH CHILD MAY CHOOSE 2 OF THE FOLLOWING ITEMS:

- SMALL ICECREAM BOWL
- BAG OF CHIPS
- CANDY/CHOCOLATE BAR
- POP/GATORADE/WATER

LOST & FOUND

PLEASE CALL THE CAMP AT (330) 837-1534 TO CHECK ABOUT ANY LOST ITEMS.